

luck with it than others (I among them). Stereotaxic thalamotomy is now only rarely being done for lateralized tremor or rigidity, and the operation does not help the more bothersome problems of bradykinesia and poor balance.

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Duty to Report Child Abuse

"MALPRACTICE LIABILITY FOR FAILING TO REPORT CHILD ABUSE" is a reprinting of an article which appeared in Volume 49, No. 2, of the *California State Bar Journal* (March-April 1974). The article represents the work and research of Richard J. Kohlman, Esq., over the past one and one-half years, and it deals with the second lawsuit in California over the past two years for a failure to report. In legalese, it is an explanation of the doctrine of negligence per se and common law medical malpractice enabling an attorney to file a suit in the civil courts on behalf of an abused child. For the physician it represents a clear warning: a failure to report suspected child abuse may mean civil liability.

While both suits have been brought in California under California law, the implication is quite strong that this type of suit would be successful in any state. The obligation of physicians to report suspected cases of child abuse, as in California, is found in the law of every state, the District of Columbia, Puerto Rico and the Virgin Islands. Coupled with this obligation is the potential civil liability for all subsequent injuries to the child when there is a failure to report suspected cases of abuse.

As a physician I would like to add that the current number of children reported for significant physical abuse in the United States is 380 per million population per year. This amounts to some 70,000 children annually. The initial mortality is 5 percent; permanent brain damage due to sub-

dural hematoma occurs in another 5 percent. There are few diseases afflicting our children with such an incredible morbidity and mortality. Physicians, their nurses and assistants have a wonderful opportunity prenatally and postnatally and in the routine care of young children to predict, prevent and treat this devastating social and medical problem afflicting so many families.

Physicians who feel that they are doing something "against the parent" by notifying suspected cases of child abuse and aiming for early intervention to safeguard the children, should instead think of doing something "for the family." Few (less than 10 percent) of battering parents are aggressive sociopaths, paranoid schizophrenics, or plain "cruel people who torture children," although there are such persons, often impossible to treat successfully. In such cases the children have to be removed to safety and sometimes parental rights must be terminated. On the other hand, the other 90 percent of families involved respond beautifully to intensive mothering care given by sympathetic lay therapists; and they can be helped by joining Parents Anonymous, or by establishing a trusting relationship to a physician, to a public health nurse, to a social worker or any other helping person. In the great majority of cases their children can be safely returned in less than eight months after intervention begins. Clearly, therefore, the outlook is excellent and the physician's duty is unmistakable.

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Brain Abscess

THE SYMPOSIUM ON BRAIN ABSCESS presented by Drs. Yoshikawa and Goodman in this issue is an excellent review. It touches on a most appropriate set of questions. One of these is the steady mortality rate of brain abscess over the last few years. The authors make clear that there are two specific reasons for continuing high mortality. First, a brain abscess is a space occupying lesion and the mortality is more closely related to that than to the infectious aspect. Second, the lack of prompt and accurate diagnosis contributes heavily to the